

Wisconsin Department of Regulation & Licensing

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DENTISTRY EXAMINING BOARD

DENTAL ENDORSEMENT/RECIPROCITY INFORMATION

Important:

Applicants for licensure by endorsement/reciprocity must hold a current license which has not been suspended or revoked, in a state where the requirements imposed are substantially equivalent to those of Wisconsin. **The applicant must have reputably engaged in the practice of dentistry for 750 hours within the 12-month period preceding application, and must also have 750 hours in active practice during three other 12-month periods in the 5 years before application as a licensed dentist in the State of Wisconsin.**

Submit the following information to the Dentistry Examining Board at the above address:

1. **APPLICATION FOR DENTAL LICENSE (FORM #512).** Please complete a current application.
2. **LICENSURE FEE.** Checks or money orders are to be made payable to the Department of Regulation and Licensing.
3. **NATIONAL BOARD CARD.** Submit an **original score card** issued by the National Board of Dental Examiners on which your examination scores appear. (PASSING and FAILING scores are required.) **Photocopies of the card will not be accepted.** If necessary, cards can be obtained from the Commission on National Dental Examinations, 211 East Chicago Ave., Chicago, IL 60611 (312) 440-2500.
4. **EVIDENCE OF SATISFACTORY COMPLETION OF CLINICAL AND LABORATORY EXAMINATION.** Submit proof (**original score card**) of passing a clinical and laboratory examination for licensure in another state where the licensure requirements are substantially equivalent to those of Wisconsin

The board started accepting Western Regional Examining Board (WREB) effective January 1, 2001. Applicants who have taken WREB after 12/31/05, the board requires that applicants must also take ADEX I and III.

The board accepts the Northeast Regional Examination (NERB) taken after September 28, 2000.

OR alternatively, has successfully completed a board specialty certification examination of an American Dental Association accredited specialty within the previous 10 years.

5. **OTHER STATE BOARD EXAMINATION CANDIDATES.** Applicants who have written a **state board examination** must submit with their application a copy of the state's rules and regulations pertaining to the practice of dentistry that were in effect at the time of examination.

Wisconsin has not approved any state board examination. Applicants who wish to rely on a state board examination must prove, by a copy of the State's rules, that the examination meets the Wisconsin board's standards. Clinical exam on a human subject, substantially equivalent to the CRDTS, Central Regional Dental Testing Service examination. The board will review the state's rules and make a decision on equivalency.

6. **CERTIFICATE OF PROFESSIONAL EDUCATION (FORM #1471).** Have your dental school complete this form and submit it along with your application, or have them mail it to the board office.

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7. **EDUCATIONAL REQUIREMENTS:** In addition to the “Certificate of Professional Education” Form #1471, submit evidence of graduation (copy of diploma or a letter from the dean or department head with verbatim wording including the signature of dean and school seal on department letterhead) from a dental school accredited by the American Dental Association Commission on Dental Accreditation.
8. **VERIFICATION OF LICENSURE IN OTHER STATE(S).** You are required to have each state/country board in which you have ever been licensed submit letters of verification to the Wisconsin Dentistry Examining Board. The letters must indicate your license number, date of issuance, status, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for licensure.
9. **EXAMINATION ON WISCONSIN LAW:** An applicant shall successfully complete an open-book examination on Wisconsin Statutes and Rules relating to the practice of dentistry before a license can be issued in Wisconsin. The answer sheet and the open-book examination must be returned to the board office.
10. **CERTIFICATE OF PROFICIENCY IN CARDIOPULMONARY RESUSCITATION:** Submit a copy of the front and back of a current certificate.
11. **NATIONAL PRACTITIONER DATA BANK** Applicants must request the “Practitioner Request for Information Disclosure” (Self-Query) from the National Practitioner Data Banks web site: www.npdb-hipdb.com/welcomesq.html. **OPEN THE ENVELOPE** to be certain your application was processed. If processed, mail all contents, including the envelope, to the Dentistry Examining Board at the above address. Further questions regarding this form may be directed to the Data Bank Help Line at 1-800-767-6732.
12. **OTHER.** Include explanations on attached sheets, if required, for answers to questions on the Application for Dental License (Form #512).

YOUR APPLICATION WITH ALL SUPPORTING DOCUMENTS MUST BE ON FILE TWO WEEKS PRIOR TO THE DATE ON WHICH YOU WISH TO BE GRANTED PERMANENT LICENSURE.

FOREIGN DENTAL SCHOOL GRADUATES.

Contact the department at (608) 266-2112 to receive further information.